IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR: Jimmy PRICE DATE 6-8-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W - T.L. on Sharon Rd. - T.L. on Mock Mill Rd. - 1.5 miles on left S. R. No. _____

SUBDIVISION NAME HOKELAND HEIGHTS LOT NO. 1 SECTION OR BLOCK NO. _____

DOUBLEWIDE

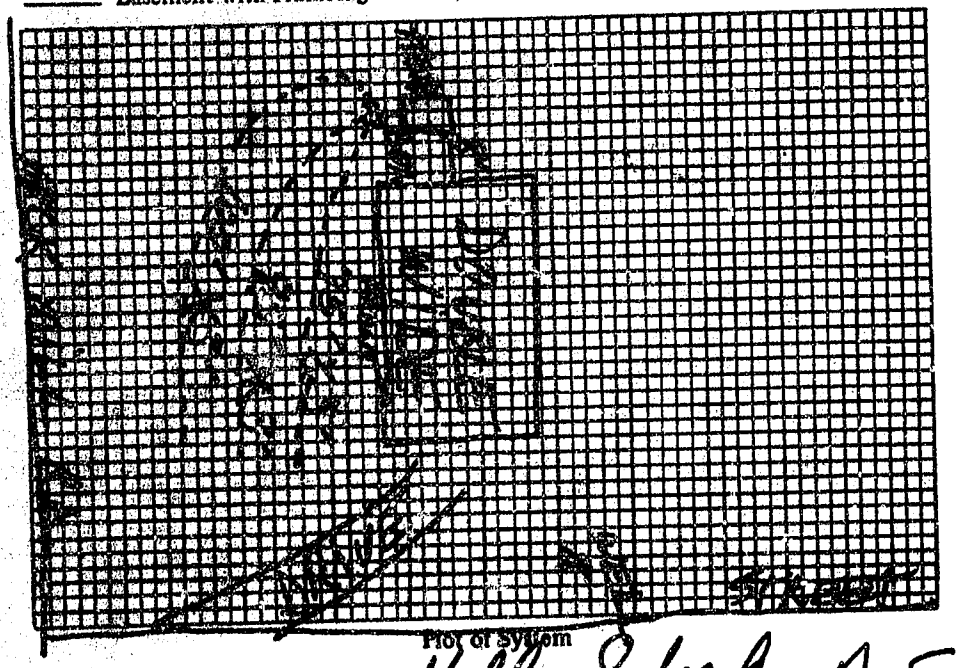
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	#2 - 5 gal./sq. ft.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	#2	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4' +	
			Rock or other impervious formations	none observed	

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dennis Gallihar

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sloop R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-8-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold